
COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National State of PCT, Supplemental, Divisional,
Continuation or C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental

Note: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

Note: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

Warning: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SINCERITY INDEX SYSTEM AND PROGRAM THEREFOR

SPECIFICATION IDENTIFICATION

the specification of which:

(A) ☒ is attached hereto.

Note: "The following combinations of information supplied in an oath or declaration filed on the application filing date with a specific are acceptable as minimums for identifying a specification and compliance with any one of the items below will be accepted as complying with the identification requirement of 37 CFR 1.63:

"(1) name of inventor(s), and reference to an attached specification which is both attached to the oath or declaration at the time of execution and submitted with the oath or declaration on filing;

"(2) name of inventor(s), and attorney docket number which was on the specification as filed; or

(3) name of inventor(s), and title which was on the specification as filed.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(Also check the following items, if desired)

☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international applications) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(D) ☐ no such applications have been filed.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
CANADA	2,396,202	31 JULY 2002	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

____ / _____

____ / _____

____ / _____

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)
UNDER 35 U.S.C. 120

- ☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

SIGNATURE(S)

Note: Carefully indicate the family (or Last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first Inventor

Anthony Michael Galea, M.D.
(Given Name) (Middle Initial or Name) (Family or Last Name)

Inventor's signature

Date July 18, 2003 Country of Citizenship Canada

Residence 2 Gibbs Road, Etobicoke, Ontario, Canada M9B 6L6

Post Office Address _____

Full Name of second joint inventor, if any

(Given Name) (Middle Initial or Name) (Family or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full Name of third joint inventor, if any.

(Given Name) (Middle Initial or Name) (Family or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

**(Check proper box for any of the following added pages(s)
that form a part of this declaration)**

- ☐ **Authorization of attorney(s) to accept and follow instructions from representative**

**(If not further pages form a part of this Declaration,
then end this Declaration with this page and check the following item)**

☒